BARIATRIC SURGERY – PPO STRATEGIES FOR PROMOTING MULTIDISCIPLINARY CARE MANAGEMENT

INTRODUCTION

This is the second in a series of Issue Briefs developed by the American Association of Preferred Provider Organizations to discuss best practices in surgical management of patients with severe obesity. As we described in Issue Brief 1, over the past few decades obesity has emerged as one of the most significant chronic conditions in the US. According to the Centers for Disease Control and Prevention, one third of the adult population and 15% of children are obese (Body Mass Index greater than 30). Obesity is one of many underlying factors in the escalating costs of health care in the US. A July 2009 study in Health Affairs attributed $147 billion in medical spending costs to obesity.

Obesity is often accompanied by co-morbidities such as diabetes, hypertension and sleep apnea. According to the National Institutes of Health, bariatric surgery is an option for well-informed and motivated patients who have clinically severe obesity (BMI equal to 40) or a BMI equal to 35 and serious co-morbid conditions. Bariatric surgery can trigger dramatic reversals of diabetes and hypertension and is the most effective approach to clinically important weight loss for people with severe obesity. However, obesity is characterized by relapses in behavior and weight regain, and must be treated as a chronic condition. The National Institutes of Health recommends that obesity treated through multidisciplinary approaches – e.g. by involving the medical, surgical, and ancillary support professionals such as dieticians – to maximize good outcomes. For the patient, treatment of obesity, even with surgery, means a lifelong commitment to behavior change through better eating and exercise.

About AAPPO

AAPPO is the leading national association of preferred provider organizations (PPOs) and affiliate organizations. More than 193 million individuals are enrolled in a PPO program, which means 69 percent of Americans with health care coverage receive their health care services through a PPO delivery system. A PPO network of providers may be an embedded part of a traditional insurance program or it may be contracted as an element of a self-insured program that includes a third party administrator of claims and care management programs. PPOs also provide network services to newer types of insurance products such as consumer directed health plans.

About the AAPPO Best Practice Initiative

This Issue Brief is part of a series developed by AAPPO examining bariatric surgery policy for PPOs. The Issue Briefs and the AAPPO website on bariatric surgery (www.aappo.org) were created to provide risk and non-risk PPOs, along with their employer clients, information on best practice considerations for bariatric surgery.

PPO Roles In Leveraging Bariatric Surgery Benefits And Quality

PPOs and their employer/purchaser customers recognize obesity as a driver of lost productivity and increased health care costs. For example, the National Business Group on Health reports that obese adults incur annual medical expenses almost 40% higher than non-obese adults. Plus, adults with extreme obesity have 118% more lost time from work and also have twice as many
work limitations. PPOs, as the dominant delivery approach to health care in the US, must take notice of obesity and the rapidly increasing rate of bariatric surgery as an important cost driver to their customers.

Creating the right network for customers and meeting the need of patients is a business imperative for all PPOs. Non-risk PPOs can offer a qualified network and clinical expertise to purchasers and risk-bearing entities. Risk-bearing PPOs offer a network and can also use benefit design innovations and incentives to engage physicians and patients in addressing weight management and obesity. With bariatric cases rising, PPOs should consider the multidisciplinary needs of patients undergoing bariatric surgery and should ensure that appropriate professionals are contracted to the network. This will ensure customers that high quality services are provided to beneficiaries and will also meet customers’ objectives for keeping medically necessary services in network and under a contracted price.

This Issue Brief discusses the roles of diverse professionals in the initial recognition and management of severe obesity, during the surgical period and in the long term post-operative phase. Case studies of organizations implementing multidisciplinary practices are also included. The purpose of this information is to illustrate to PPOs the importance of assuring a qualified network of professionals, either by working with Centers of Excellence (COEs) that have multidisciplinary professionals on staff or through a targeted contracting strategy. Specific PPO interventions are discussed in the last section of this Issue Brief.

WHY A MULTIDISCIPLINARY STRATEGY FOR BARIATRIC SURGERY?

While severe obesity is a treatable chronic condition, experts recognize that it has many underlying causes of both biologic and psychosocial origin. Treatment of severe obesity, either medically or surgically, requires a multidisciplinary approach to assure that comprehensive behavioral and physical needs are met. To understand why multidisciplinary interventions are recommended, consider the characteristics of severe obesity:

- Mental health: The relationship between obesity and mental health is complex. Persons with obesity often present for bariatric surgery with underlying mental health conditions such as depression and anxiety which have both contributed to the development of extreme obesity and are the result of it. The experience of being severely obese (particularly in a culture that over-values thinness) can have detrimental effects on self-esteem, mood, quality of life and body image, and can precipitate eating disorders.
- Dietary Behavior: Virtually all persons with extreme obesity have a history of dieting and weight loss, followed by regaining. Success after bariatric surgery requires that patients learn and practice a number of dietary and eating behaviors critical for long term success.
- Exercise Behavior: Weight gain is related to lack of exercise but being overweight itself becomes a disincentive to exercise due to discomfort.
- Co-Morbidities: Patients with extreme obesity often present with multiple co-morbid conditions, including hypertension, diabetes, sleep apnea and endocrine disorders.

There is also a need for professional collaboration and coordination between disciplines treating the patient. A multidisciplinary approach is needed from the assessment phase through long term follow up to ensure that all aspects of obesity are managed constructively and effectively.

Appropriate management of patients with severe obesity is complicated by scarcity of appropriately trained professionals. Many community physicians and other professionals do not feel comfortable addressing weight management with patients and some physicians dislike working with obese patients. Overweight patients may be reluctant to seek care or follow up if they have experienced bias and/or feel stigmatized by their obesity.

To incorporate input of each essential discipline and to ensure professionalism of staff, Centers of Excellence and bariatric programs specifically utilize physicians and multidisciplinary professionals who...
want to engage in therapeutic relationships with patients who have extreme obesity, and who are qualified to treat physical and psychosocial issues related to obesity. To meet the needs of obese patients considering or undergoing bariatric surgery, PPOs should address access to the professional disciplines discussed in the following sections.

Primary care

Primary care practitioners (PCPs) play a critical role in supporting good bariatric surgery outcomes both pre and post-operatively. Primary care practitioners are accountable for initial identification of obesity through regular measurement of body mass index (BMI). Obesity is diagnosed for patients with BMI greater than 30, and a BMI greater than 40 is diagnosed as severe obesity.

PCPs have an important role in medical management of obesity, using both behavioral and pharmaceutical treatments. PCPs are often the point of entry for therapeutic discussions of weight loss and medical weight loss management. Since many PCPs do not have great expertise in behavioral management of weight loss, it is important that PCPs are also trained to recognize obesity as a health concern and to refer patients to specialized treatment when appropriate. For patients with extreme obesity, PCPs are also a point of referral for a patient seeking bariatric surgery. PCPs must recognize the medical necessity of obesity surgery for patients meeting certain criteria (based on BMI or BMI plus diabetes or hypertension). In addition, bariatric experts recommend that PCPs stay up to date on the risks and benefits of bariatric surgery. Risks have fallen as techniques have improved, and Centers of Excellence are more readily available to provide comprehensive specialized services – information physicians should consider in their patient education and referral strategies.

PCP specialty societies recognize the pivotal role these physicians play in obesity management. The American College of Physicians guideline for primary care physicians recommends that surgery should be considered as a treatment options for patients with extreme obesity and for patients who present with obesity-related co-morbid conditions, such as hypertension, impaired glucose tolerance, diabetes mellitus, hyperlipidemia and obstructive sleep apnea. The guideline goes on to recommend that patients should be referred to high volume centers with surgeons experienced in bariatric surgery. Patients already proceeding to surgery are often managed by PCPs during the pre-operative period, particularly if a pre-operative weight loss or weight loss attempt is required by the bariatric program or insurance company. For patients preparing for bariatric surgery, the PCP should be: supportive of the program, versed in insurance requirements for program participation including required documentation and capable of managing co-morbid conditions during this period. The Case Study of Centennial Health System shows how one bariatric program has recognized the need to fully engage PCPs to understand pre and post-operative needs of bariatric surgery patients. Centennial staff believes that this PCP engagement is one element of the good outcomes achieved by the program.

Finally, after an initial post-operative period patients often return to the PCP for medical care. PCPs should be qualified to offer supportive follow up care, manage non-obesity related co-morbidities and to refer specific behavioral or therapeutic needs to the bariatric team as necessary.

Behavioral Health

Medical management protocols for most major health insurers require that members undergo a behavioral health assessment prior to surgery, typically with a psychologist or other mental health professional. The purpose of a behavioral health assessment – and of using behavioral health professionals with expertise in bariatric care – is to identify and treat behavioral health problems that may impact bariatric surgery outcomes. The primary purpose is not, as many patients fear, to prevent patients with psychiatric conditions from proceeding with surgery.

For the most part, behavioral health assessment serves the therapeutic function of identifying treatable conditions that may impact postoperative outcomes such as: depression, anxiety, eating or body image disorders. Mental health professionals often play a psycho-educational role, educating
the patient (much like the dietitian) about the behavioral and dietary changes critical to post-operative success. Pre-operative behavioral health assessments should be conducted by mental health professionals with specific expertise with the bariatric surgery candidate population. This will ensure that they recognize the necessary assessments and conditions relevant to bariatric care.

A pre-surgical bariatric behavioral health assessment should be focused specifically on identification of conditions that may impact the outcome of surgery. On occasion mental/behavioral health conditions are identified that do preclude a patient from having bariatric surgery because the condition interferes with the patient’s ability to comply with instructions and follow up care. Examples are uncontrolled psychosis or active substance abuse. Conditions such as major depression or binge eating may not resolve spontaneously post-operatively and must be treated prospectively or concurrently. Uncontrolled psychiatric disorders such as severe, major depression are believed to have a negative impact on surgery outcomes and controlling the condition is an important pre-operative strategy.

Mental health follow up is a component of the long term treatment plan for individuals following bariatric surgery. Periodic reevaluation and reinforcement can help prevent weight regain and monitor behavioral and psychological factors that may interfere with optimal outcome.

Diet and Nutrition

Clearly, weight loss is a primary objective of bariatric surgery, and the care involvement of nutrition professionals such as nutritionists and dieticians is essential. Pre-operatively, nutritionists are involved to assess the patient’s prior weight loss strategies and support the patient in preparing for surgery. Post-operatively, nutrition professionals have an important role in re-assessing patient eating behaviors, reinforcing effective strategies and correcting eating problems. Dieticians are often part of the bariatric surgery team, and if not, access to ongoing dietary counseling is an important outcomes improvement strategy.

Bariatric surgery is associated with differing nutritional requirements post-operatively depending on the type of procedure, with different risks of malnutrition. Restrictive surgeries may have very little risk of vitamin and mineral deficiencies, while bypass procedures may create nutritional deficiencies related to malabsorption of vitamins and minerals. Dieticians with experience in bariatric surgery are best positioned to counsel patients on appropriate intake of solid food as well as potential supplements to assure appropriate intake of nutrients, vitamins and minerals. They are also positioned to identify maladaptive behaviors post-operatively that undermine weight loss, for example, excess consumption of high calorie liquids.

Exercise

Exercise is a critical element of weight loss and is a long term part of bariatric surgery self management. Patients may enter a bariatric surgery program incorrectly thinking that it is an alternative to exercise and dietary change. Patients with extreme obesity commonly have very low exercise tolerance due to shortness of breath, joint problems, reduced cardiac endurance and reduced fitness levels which are associated with a greater rate of complications. In addition, many severely obese people have joint pain as a result of excess weight and may have difficulty identifying an appropriate exercise regimen.

It is critical that professionals with expertise in exercise programs for obese individuals discuss expectations for the patient during and after the program and ensure that the patient recognizes the need for permanent lifestyle change. Part of an effective multidisciplinary approach is to work with the patient to identify appropriate exercises that fit the patient’s lifestyle and that the patient can engage in and sustain over time. This can be done by exercise therapists, physical therapists or others with training to understand the specific issues with exercise and motivation common to individuals in bariatric programs.

Post-surgical patients can be expected to start with moderate exercise of 30 to 45 minutes three to five days per week and increase with tolerance and weight loss. Consistent use of exercise after surgery is associated with greater weight loss and sustained weight loss but exercise compliance tapers off over time. Thus, ongoing management to bolster patient adherence to post-operative exercise is an important part of long-term
management. Some bariatrics programs, such as the Geisinger Nutrition and Weight Management program discussed in the accompanying Case Study to this Issue Brief, include exercise therapists to help patients identify appropriate, sustainable forms of exercise that will not increase risk of injury.

**Surgical team support**

PPO considerations around ensuring quality of surgical care were discussed extensively and covered in Case Studies attached to Issue Brief 1 of this series. As noted, availability of qualified bariatric surgeons is critical, and surgeons should adhere to evidence based guidelines for surgery.24 Physician qualifications to perform bariatric surgery are determined by the American Society of Metabolic and Bariatric Surgeons and the American College of Surgeons. Generally, surgeon training and supervised experience in the specific procedure are the most important criteria in determining qualifications. As new surgical approaches and devices are released regularly, assuring that practitioners are trained and experienced is an important piece of quality-based contracting. Organizations that certify Centers of Excellence establish and monitor surgical training requirements in qualified COE programs.

In addition to bariatric surgeons, bariatric programs should have relationships with surgeons qualified to do revisions and plastic surgery procedures. Patients who experience significant weight loss often have excess skin folds that negatively impact their self image. Cosmetic procedures such as removing excess abdominal skin (panniculectomy) are frequently done as a follow up to bariatric surgery. While cosmetic procedures are not covered under most benefit plans, bariatric programs should counsel patients about the potential need for such surgeries and be in a position to refer them to qualified providers either in the program or affiliated.

**PPO APPROACHES TO PROMOTING A MULTIDISCIPLINARY STRATEGY**

As described earlier in this Issue Brief, the primary role of a PPO is to bring a high value network to customers to maximize in-network use of services. As rates of bariatric surgery are expected to rise, PPOs should work to ensure that the network will serve the customers’ benefit needs. This means contracting with providers qualified to minimize the additional cost and lost productivity of surgical complications and having providers who will address the patients physical, behavioral and psychosocial needs in order to promote the most effective weight loss.

PPO clinical experts should work with payers and purchasers to highlight the importance of directing patients to providers offering multidisciplinary care teams which monitor, report and continuously improve outcomes. Depending on the services offered, key PPO roles in assuring high quality bariatric care should include the following:

- Contract with Centers of Excellence or bariatric program that have identified a network of multidisciplinary health professionals or have them on staff;
- Ensure that mental health professionals with specific bariatric expertise are contracted in the network and are geographically available where there is demand;
- Consult with payers/purchasers to ensure that where bariatric surgery is a covered benefit, a pre-operative assessment and multidisciplinary post-operative follow up are covered benefits as well;
- Review benefit coverage language for payers and purchasers to assist them in ensuring behavioral health coverage is aligned with requirements of the bariatric surgery benefit;
- Educate primary care providers on routine assessment of Body Mass Index (an NCQA HEDIS indicator) and on behavioral weight management interventions;
- Support coordinated handoffs and referral arrangements to ensure appropriate follow ups between PCPs and bariatric surgery program;
- Offer tools for patients and providers that will facilitate education and coordination, including web based education, personal health records for patients and electronic health records for physicians and facilities.
Case studies associated with this Issue Brief examine the Centennial Medical Center for innovations in primary care practitioner education and outreach as part of its COE approach, and the Geisinger Center for Nutrition and Weight Management, which involves a multidisciplinary care team in long term support of patients before and after weight loss surgery. Many organizations use similar approaches and techniques. We encourage PPOs to look for best practice features as they develop bariatric surgery contracting strategy.

**Future Directions**

As shown in AAPPO Bariatric Surgery Issue Brief 1, there has been a rapid evolution in the safety and efficiency of bariatric surgery in the past decade. With the rate of obesity and severe obesity increasing, the health care industry can expect to see increasing demand for bariatric surgery. As this Issue Brief has described, bariatric patients have multifaceted needs that range from behavioral to clinical. To stay ahead of this trend, PPOs must position themselves to negotiate comprehensive multidisciplinary services for patients and secure these services in network at a reasonable price. PPOs with expertise in contracting cost effectively for the most effective multidisciplinary package of services will differentiate themselves from competing organizations. Both risk and non-risk PPOs should position themselves with purchasers that are knowledgeable about trends in bariatric surgery and have the most effective strategies for care.

On behalf of AAPPO we hope this Issue Brief provides information, resources and case studies to assist PPOs in gaining that expertise.
REFERENCES


